Sinted States Warshars Service	,				See <u>Instruc</u>	itons for service of	j i rocess by O.	5. Marshai
PLAINTIFF Mackenzie Elaine Brow	vn					COURT CASE NUM		
DEFENDANT Henderson County She	eriff's Office	e, et al,				TYPE OF PROCESS Summons and Complaint		
SERVE Hende	rson County	/ Sheriff's C	Office		OR DESCRIPT	ION OF PROPERTY	ГО SEIZE OR CON	NDEMN
AT ADDRESS 100 N.	S (Street or RFD, Grove St.,	Apartment No., o	City, State and ZI ville, NC 28	P Code) 3 792				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285		
Mackenzie Elaine Brown 158 Haven Rd.						Number of parties to served in this case	be 9	
East Flat Rock, NC 28726						Check for service on U.S.A.		
Signature of Attorney other Originator /s/ Deputy SMM O/B/O	or requesting serv	ice on behalf of:	■ PLAIN		TELEPHONE 828-771-7		DATE 9/18/2023	
				NDANT				
	ELOW FOR	USE OF U.S.	. MARSHAL	ONLY - DO	NOT WRIT	TE BELOW THIS	S LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve	Signature of Au	uthorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I individual, company, corporation, etc								on the
☐ I hereby certify and return that I a	ım unable to loca	te the individual,	company, corpor	ration, etc. named	d above <i>(See rem</i>	arks below)		
Name and title of individual served (i	f not shown abov	e)				Date	Time	am pm
Address (complete only different than shown above)					Signature of U.S. Ma	arshal or Deputy		
		Costs	shown on attach	ed USMS Cost S	heet >>			
REMARKS					·			

States Warshals Service					See <u>Instruct</u>	nons for service of	1110cess by 0.3	<u> 5. Murshai</u>
PLAINTIFF Mackenzie Elaine Brow	/n					COURT CASE NUM 1:23-cv-270-		
DEFENDANT Henderson County She	eriff's Office	e, et al,				TYPE OF PROCESS Summons and Complaint		
SERVE Robert	Jordan Wa	rren			OR DESCRIPTI	ON OF PROPERTY T	TO SEIZE OR CON	IDEMN
AT ADDRESS	(Street or RFD,	Apartment No., (City, State and ZI	P Code)				
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME A	ND ADDRESS	BELOW		Number of process to be served with this Form 285 2		
Mackenzie Elaine Brown 158 Haven Rd.					Number of parties to served in this case	be 9		
East Flat Rock, NC 28726						Check for service on U.S.A.		
All Telephone Numbers, and Estima	eu Times Availa	vie joi servicej.						
Signature of Attorney other Originato	r requesting serv	ice on behalf of:	■ PLAINTIFF TELEPHONE		NUMBER	UMBER DATE		
/s/ Deputy SMM O/B/O			DEFE	NDANT	828-771-7219		9/18/2023	
SPACE BE	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	SLINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve	Signature of Au	uthorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I hindividual, company, corporation, etc.								on the
☐ I hereby certify and return that I a	m unable to locat	te the individual,	company, corpor	ration, etc. named	d above (See rem	arks below)		
Name and title of individual served (ij	not shown above	e)				Date	Time	am pm
Address (complete only different than shown above)						Signature of U.S. Ma	urshal or Deputy	
		Costs	shown on <u>attach</u>	ed USMS Cost S	heet >>			
REMARKS								

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF						COURT CASE NUM	/IBER	
Mackenzie Elaine Brow	'n					1:23-cv-270-		
DEFENDANT						TYPE OF PROCESS	 S	
Henderson County She	riff's Office	e, et al,				Summons and Complaint		
NAME OF	INDIVIDUAL,	COMPANY, CO	RPORATION, I	ETC. TO SERVE	OR DESCRIPT	ION OF PROPERTY	TO SEIZE OR CON	DEMN
SERVE Michae	Scott Lind	say						
AT ADDRESS	(Street or RFD,	Apartment No., (City, State and Zi	IP Code)				
SEND NOTICE OF SERVICE COPY	TO REQUESTI	ER AT NAME A	ND ADDRESS	BELOW		Number of process to be served with this Form 285 2		
Mackenzie Elaine Brown 158 Haven Rd.						Number of parties to served in this case	be 9	
East Flat Rock, NC 28726						Check for service on U.S.A.		
SPECIAL INSTRUCTIONS OR OTH All Telephone Numbers, and Estimate				EXPEDITING SE	RVICE (Include	Business and Alterna	nte Addresses,	
Signature of Attorney other Originato	r requesting servi	ice on behalf of:	■ PLAIN	VTIFF	TELEPHONE	NUMBER	DATE	
/s/ Deputy SMM O/B/O			DEFE	NDANT	828-771-7219		9/18/2023	
SPACE BE	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	TE BELOW THIS	LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Au	uthorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I hindividual, company, corporation, etc.								on the
☐ I hereby certify and return that I a	m unable to locat	te the individual,	company, corpo	ration, etc. named	d above <i>(See rem</i>	arks below)		
Name and title of individual served (ij	^c not shown above	e)				Date	Time	am pm
Address (complete only different than shown above)						Signature of U.S. Ma	arshal or Deputy	
		Costs	shown on <u>attach</u>	ed USMS Cost S	heet >>	1		
REMARKS								

States Warshars Service					See <u>Instruct</u>	nons for service of	j i rocess by O.	5. Marshat
PLAINTIFF Mackenzie Elaine Brow	/n					COURT CASE NUM		
	/11							
DEFENDANT						TYPE OF PROCESS		
Henderson County She	eriff's Office	e, et al,				Summons a	and Comple	aint
			RPORATION, E	ETC. TO SERVE	OR DESCRIPTI	ON OF PROPERTY T	ΓΟ SEIZE OR CON	IDEMN
SERVE Crystal D. Landers								
AT ADDRESS	(Street or RFD,	Apartment No., (City, State and ZI	IP Code)				
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to served with this Form		
Mackenzie Elaine Brown 158 Haven Rd.					Number of parties to served in this case	be 9		
East Flat Rock, NC 28726						Check for service on U.S.A.		
All Telephone Numbers, and Estima	tea Times Avaita	oie for Service):						
Signature of Attorney other Originato	r requesting serv	ice on behalf of:	■ PLAIN	JTIFF	TELEPHONE	NUMBER DATE		
/s/ Deputy SMM O/B/O			_	NDANT	828-771-7219		9/18/2023	
SPACE BE	LOW FOR	USE OF U.S.	. MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	SLINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve No.	Signature of Au	uthorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I lindividual, company, corporation, etc								on the
☐ I hereby certify and return that I a	m unable to loca	te the individual,	company, corpor	ration, etc. named	d above (See rem	arks below)		
Name and title of individual served (i)	f not shown abov	e)				Date	Time	am pm
Address (complete only different than shown above)					Signature of U.S. Ma	arshal or Deputy		
		Costs	shown on <u>attach</u>	ed USMS Cost S	<u> </u>			
REMARKS								

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF						COURT CASE NUM	MBER	
Mackenzie Elaine Brow	/n					1:23-cv-270-		
DEFENDANT						TYPE OF PROCESS		
Henderson County She	riff's Office	e et al				Summons and Complaint		
-			DDOD ATION F	TC TO SERVE	OD DESCRIPTI	ON OF PROPERTY	<u> </u>	
_	. Duncan Ji		KI OKATION, L	IC. TO SERVE	OR DESCRIT II	ION OF TROTERTT	TO SEIZE OR CON	DEMIN
SERVE J	(Street or RFD,		City. State and ZI	TP Code)				
AI ((~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					Number of process to be			
Mantanaia Elaina Duaren						served with this Form		
Mackenzie Elaine Brown					Number of parties to served in this case	^{be} 9		
158 Haven Rd. East Flat Rock, NC 28726				Check for service				
·	TED DIEODIAN	PIONI THE AT WIT	I LAGGIGT DI E	WINEDIED IC CE	DINGE (L. 1. 1.	on U.S.A.		
SPECIAL INSTRUCTIONS OR OTH All Telephone Numbers, and Estimate				EXPEDITING SE	RVICE (Include	Business and Aiterna	ite Adaresses,	
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C:		: 111 <i>f</i> - <i>f</i> .			TEL EDUONE	NILIMDED	DATE	
Signature of Attorney other Originato	r requesting serv.	ice on behalf of:	■ PLAINTIFF		TELEPHONE	NONDER		
/s/ Deputy SMM O/B/O			☐ DEFE	NDANT	828-771-7219		9/18/2023	
SPACE BE	LOW FOR	USE OF U.S.	MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
I acknowledge receipt for the total	Total Process	District of	District to					
number of process indicated.	Total Trocess	Origin	Serve	Signature of At	uthorized USMS	Deputy of Clerk	Date	
(Sign only for USM 285 if more than one USM 285 is submitted)		No.	No.					
I hereby certify and return that I h	ave personally s	erved \square hove	lagal avidance of	f carvica	va avagutad ne ch	own in "Demarke" the	nrocess described	on the
individual, company, corporation, etc.								in the
☐ I hereby certify and return that I a	m unable to loca	te the individual,	company, corpor	ration, etc. named	d above (See rem	arks below)		
Name and title of individual served (i)	f not shown abov	e)				Date	Time	am
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Address (complete only different than	shown above)					Signature of U.S. Ma	ırshal or Deputv	
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REMARKS								

Page 5 of 9

States Warshals Service					Sec <u>Instruct</u>	nons for service of	1110cess by 0.3	<u> 5. Mursnai</u>
PLAINTIFF Mackenzie Elaine Brow	/n					COURT CASE NUM 1:23-cv-270-		
DEFENDANT Henderson County She	eriff's Office	e, et al,				TYPE OF PROCESS Summons and Complaint		
_	INDIVIDUAL, (/ R. Reese	COMPANY, CO	RPORATION, E	ETC. TO SERVE	OR DESCRIPTI	ON OF PROPERTY T	TO SEIZE OR CON	IDEMN
AT ADDRESS	(Street or RFD,	Apartment No., (City, State and ZI	TP Code)				
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME A	AND ADDRESS	BELOW		Number of process to be served with this Form 285 2		
Mackenzie Elaine Brown 158 Haven Rd.					Number of parties to served in this case	be 9		
East Flat Rock, NC 28726						Check for service on U.S.A.		
All Telephone Numbers, and Estima	ted Times Availa	ble for Service):						
Signature of Attorney other Originato	r requesting serv	ice on behalf of:	■ PLAINTIFF TELEPHONE			NUMBER	DATE	
/s/ Deputy SMM O/B/O			_	NDANT	т 828-771-7219		9/18/2023	
SPACE BE	LOW FOR	USE OF U.S.	. MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Au	uthorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I hindividual, company, corporation, etc.								on the
☐ I hereby certify and return that I a	m unable to locat	te the individual,	company, corpor	ration, etc. named	d above (See rem	arks below)		
Name and title of individual served (ij	not shown above	e)				Date	Time	am pm
Address (complete only different than shown above)					Signature of U.S. Ma	urshal or Deputy		
		Costs	shown on <u>attach</u>	ed USMS Cost S	heet >>			
REMARKS								

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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PLAINTIFF						COURT CASE NUM	MBER	
Mackenzie Elaine Brow	n 'n					1:23-cv-270-	MR-WCM	
DEFENDANT						TYPE OF PROCESS	S	
Henderson County She	riff's Office	e, et al,				Summons a	and Comp	laint
			RPORATION, E	ETC. TO SERVE	OR DESCRIPT	ION OF PROPERTY	ΓΟ SEIZE OR CO	NDEMN
SERVE J	/ Nicole Ma	•						
AT ADDRESS	(Street or RFD,	Apartment No., (City, State and Zl	P Code)				
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME A	AND ADDRESS	BELOW		Number of process to be served with this Form 285 2		
Mackenzie Elaine Brown 158 Haven Rd.					Number of parties to be served in this case 9			
East Flat Rock, NC 28726					Check for service on U.S.A.			
All Telephone Numbers, and Estima	ted Times Availa	ble for Service):						
Signature of Attorney other Originato	r requesting serv	ice on behalf of:	DI AIN	TIFF	TELEPHONE	NUMBER	DATE	
/s/ Deputy SMM O/B/O			■ PLAINTIFFDEFENDANT		828-771-7219		9/18/2023	
SPACE BE	LOW FOR	USE OF U.S.	. MARSHAL	ONLY - DO	NOT WRIT	TE BELOW THIS	S LINE	
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☐ I hereby certify and return that I a	m unable to locat	te the individual,	company, corpo	ration, etc. named	d above (See rem	arks below)		
Name and title of individual served (i)	not shown above	e)				Date	Time	am pm
Address (complete only different than	shown above)					Signature of U.S. Marshal or Deputy		
		Costs	shown on <u>attach</u>	ed USMS Cost S	<u>Sheet</u> >>	1		
REMARKS								

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

							,	
PLAINTIFF						COURT CASE NUM	MBER	
Mackenzie Elaine Brow	/n					1:23-cv-270-	MR-WCM	
DEFENDANT						TYPE OF PROCESS	S	
Henderson County She	eriff's Office	e, et al,				Summons a	and Comp	laint
NAME OF	INDIVIDUAL,	COMPANY, CO	RPORATION, E	ETC. TO SERVE	OR DESCRIPT	ION OF PROPERTY	ΓΟ SEIZE OR CO	NDEMN
SERVE Susan	N. Oates							
AT ADDRESS	S (Street or RFD,	Apartment No., (City, State and ZI	IP Code)				
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME A	AND ADDRESS	BELOW		Number of process to be served with this Form 285		
Mackenzie Elaine Brown 158 Haven Rd.					Number of parties to served in this case	be 9		
East Flat Rock, NC 28726					Check for service on U.S.A.			
All Telephone Numbers, and Estima	ted Times Availa	ble for Service):						
Signature of Attorney other Originato	r requesting serv	ice on behalf of:	■ PLAIN	JTIFF	TELEPHONE	NUMBER	DATE	
/s/ Deputy SMM O/B/O			_	NDANT	828-771-7219		9/18/2023	
SPACE BE	LOW FOR	USE OF U.S.	. MARSHAL	ONLY - DO	NOT WRIT	TE BELOW THIS	S LINE	
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☐ I hereby certify and return that I a	m unable to loca	te the individual,	company, corpo	ration, etc. named	d above (See rem	arks below)		
Name and title of individual served (i)	f not shown abov	e)				Date	Time	am pm
Address (complete only different than shown above)						Signature of U.S. Marshal or Deputy		
		Costs	shown on attach	ed USMS Cost S	Sheet >>			
REMARKS								

Sinted States Warshals Service					See <u>Instruct</u>	nons for service of	1110cess by 0.5.1	<u>viui siiui</u>
PLAINTIFF						COURT CASE NUM		
Mackenzie Elaine Brow	'n					1:23-cv-270-	MR-WCM	
DEFENDANT						TYPE OF PROCESS		
Henderson County She	riff's Office	e, et al,				Summons a	and Complaii	nt
	individual, Greene Cov		RPORATION, E	ETC. TO SERVE	OR DESCRIPTI	ON OF PROPERTY 1	TO SEIZE OR CONDE	MN
AT ADDRESS	(Street or RFD,	Apartment No., (City, State and ZI	IP Code)				
SEND NOTICE OF SERVICE COPY	TO REQUEST	ER AT NAME A	AND ADDRESS	BELOW		Number of process to be served with this Form 285 2		
Mackenzie Elaine Brown 158 Haven Rd.					Number of parties to served in this case	be 9		
East Flat Rock, NC 28726					Check for service on U.S.A.			
All Telephone Numbers, and Estima	va 1 imes Avana	vie for Service).						
Signature of Attorney other Originato	r requesting serv	ice on behalf of:	■ PLAIN	JTIFF	TELEPHONE	TELEPHONE NUMBER DATE		
/s/ Deputy SMM O/B/O			_		828-771-7219		9/18/2023	
SPACE BE	LOW FOR	USE OF U.S.	. MARSHAL	ONLY - DO	NOT WRIT	E BELOW THIS	SLINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Au	uthorized USMS	Deputy or Clerk	Date	
I hereby certify and return that I hindividual, company, corporation, etc								the
☐ I hereby certify and return that I a	m unable to loca	te the individual,	company, corpor	ration, etc. named	d above (See rem	arks below)		
Name and title of individual served (i)	not shown abov	e)				Date	Time	am pm
Address (complete only different than	shown above)					Signature of U.S. Ma	arshal or Deputy	
		Costs	shown on <u>attach</u>	ed USMS Cost S	<u>'heet</u> >>			
REMARKS								